



JOHN NAIMO  
AUDITOR-CONTROLLER

## COUNTY OF LOS ANGELES DEPARTMENT OF AUDITOR-CONTROLLER

KENNETH HAHN HALL OF ADMINISTRATION  
500 WEST TEMPLE STREET, ROOM 525  
LOS ANGELES, CALIFORNIA 90012-3873  
PHONE: (213) 974-8361 FAX: (213) 617-0592

ADDRESS ALL CORRESPONDENCE TO:  
PROPERTY TAX SERVICES DIVISION  
500 W. TEMPLE ST., ROOM 153  
LOS ANGELES, CA 90012-2713

### LOS ANGELES COUNTY PROPERTY TAX CLAIM FOR REFUND

<b>Step 1:</b> Requestor's name and address (If requestor is an agent, please provide Tax Agent Registration #)	Requestor's name			Tax Agent Registration #	
	Present mailing address (number and street)				
	City, town or post office, state, ZIP code			Phone (area code and number)	
<b>Step 2:</b> Describe the property	Owner's name				
	Assessor's Identification Number (Mapbook - Page - Parcel)			Unsecured Bill Number	
	Year	Sequence		Tax Rate Area	
	Situa address (number and street)				
	City, town or post office, state, ZIP code				
<b>Step 3:</b> Did you file an appeal with the Assessment Appeals Board?	If yes, what is the assessment appeal application number?	Filing date	Did you receive a Notice of Board Action? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	<b>NOTE:</b> If you designated your Assessment Appeal Application as a Claim for Refund there is <u>no</u> need to file this application.
<b>Step 4:</b> Describe reason for property tax refund  Attach additional documents if necessary	Reason:				
<b>Step 5:</b> Amount of property tax refund	Tax amount	Penalty amount	Redemption penalty amount	Cost amount Fee amount	Total refund amount
<b>Step 6:</b> Sign the application	I hereby certify and declare under penalty of perjury that the foregoing is true and correct that the tax amount sought to be refunded was paid within four years prior to filing this demand; that the amounts herein claimed are correct and no part thereof has heretofore been refunded to this claimant or to any other person for his benefit; and, if acting on behalf of a corporation, that I am duly authorized to act on their behalf, and that the title shown is true and correct.				
	sign here ➡			Signature	
				Date	
	Title (If applicable)				
If this claim is for a company, the person signing must state their title.					
<b>Step 7:</b> Mail application to:	Los Angeles County Auditor-Controller Property Tax Services Division Kenneth Hahn Hall of Administration 500 West Temple Street, Room 153 Los Angeles, CA 90012-3552				
<b>Contact Numbers</b>	Customer Service: (213) 974-8368 FAX: (213) 617-0592 Toll free number if calling within Los Angeles County (888) 807-2111				

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## CLAIM FOR REFUND

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